Leadership group forms to help shape future strategy for primary health care nursing

From Nightingale Nurses to a Modern Profession: the Journey of Nursing in Australia

Australia's first ‘for-benefit’ pharmaceutical company prioritises patients over profits

A nurse practitioner role in the prevention and management of rheumatic heart disease
Winners of national nursing awards announced

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To learn more, visit hestaawards.com.au

With more than 25 years of experience and $32 billion in assets, more people in health and community services choose HESTA for their super.
Welcome

Adjunct Professor Kylie Ward FACN, CEO of ACN

Welcome to the December edition of NurseClick.

Once again, it has been a pivotal year for the Australian College of Nursing (ACN) as we continue to grow as the national professional organisation for nurse leaders. A wonderful example of the value of nurse leadership is the recently formed Primary Health Care External Nursing Advisory Forum, established by the Sydney Nursing School. The group, which includes ACN members and Fellows, have sent us an update on the primary health care opportunities they are promoting.

Another inspiring nurse leader from our membership is Dr Georgina Willets MACN, who shared a unique perspective on Australia’s nursing history as Sir Henry Parkes’ great, great granddaughter at this year’s Henry Parkes Oration. You can read an excerpt from her Oration in our special feature about the event.

And looking to nursing’s future are two of our talented nurse educators, Maria Baric and Sharron Smyth-Demmon, who attended the Australasian Nurse Educators Conference in November. Sharron, who also presented an abstract at the event, shares the key messages around collaboration for the future of health care and the nursing profession.

I would like to take this opportunity to welcome our new ACN President, Adjunct Professor Kathy Baker AM FACN (DLF), and Vice President, Professor Christine Duffield FACN. I would also like to acknowledge the significant contribution of our previous President, Carmen Morgan FACN, and Vice President, Greg Rickard OAM MACN, and thank them for their commitment to advancing nurse leadership through ACN.

On behalf of everyone at ACN, I would like to wish you all a very happy and peaceful Christmas. We look forward to seeing you again in the New Year.

MERRY CHRISTMAS

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Cover image: The inaugural meeting of the Primary Health Care Nursing Advisory Forum at Sydney Nursing School, University of Sydney.

ACN publishes The Hive, NurseClick and the ACN Weekly eNewsletter.

EVERYBODY HAS A UNIQUE STORY – WE WANT TO HEAR YOURS!

We’re looking for contributions for our upcoming editions of NurseClick and ACN’s member magazine, The Hive. If you have a story to tell, we want to hear from you!

Our first two editions of The Hive for 2016 will be focusing on ‘Multicultural Health’ and ‘Conflict and Disaster Relief’. The Hive will also accept and publish contributions outside of these themes.

If you’d like to share a profile or research piece, or have a great story or Q&A idea, please email publications@acn.edu.au.

ACN’s publications team is also on hand to help if you’d like to discuss ideas and writing style, or offer feedback. Be sure to check out our publication guidelines before submitting your article.

Merry Christmas, from ACN.

Advancing nurse leadership
www.acn.edu.au
In the news

National

Spotlight on areas with most preventable hospitalisations

People living in some areas in Australia are nine times more likely than others to be admitted to hospital for a condition that could have been more effectively treated in the community by GPs or other health workers, a new National Health Performance Authority report shows. Measuring ‘potentially preventable hospitalisations’ provides important insights into how well health systems are performing in keeping Australians healthy and out of hospital. The report finds that across more than 300 local areas in 2013–14, the rate of these potentially preventable hospitalisations varied from as few as 1,400 hospitalisations per 100,000 people in one area to as many as 12,700 per 100,000 people in another.

Read more

ABS National Health Survey reveals 63.4% of Australians overweight or obese

More than half of Australian adults consider themselves to be in "excellent" health despite damning statistics revealing that 63.4% of the country classifies as "overweight or obese". New ABS data released in the 2014–15 National Health Survey showed that Australia’s obesity crisis continues to grow and has increased by 7 percent since 1995.

Read more

Nursing students could study Hollywood movies for course

Nursing students could be asked to take their study into the loungeroom to watch films such as Girl, Interrupted and Good Will Hunting or to read novels such as The English Patient. That's according to CQUniversity Professor Margaret McAllister FACN who urges research into the value of powerful story-telling (stimulus material) to awaken nursing students' understanding of and engagement with mental health recovery.

Read more

Purple House takes dialysis treatment to remote Aboriginal communities

It’s the only dialysis unit in the world where the walls are painted purple, patients sing along to tunes from a karaoke machine, chickens scamper around the gardens and kangaroo tails smoulder on a fire pit. The Purple House in Alice Springs is an innovative Aboriginal-led model of care which is transforming the way Indigenous communities in central Australia live through end-stage renal failure.

Read more

More hospitalisations for musculoskeletal conditions

More Australians are being hospitalised from arthritis, back pain, osteoporosis and other musculoskeletal conditions, according to new information released by the Australian Institute of Health and Welfare (AIHW). The data shows that while musculoskeletal conditions are no more common than in 2004–05, there has been a marked increase in hospitalisation rates.

Read more

Turning medical research into commercial reality

The Australian Government will invest $250 million over two years to help translate Australian health and medical research into commercial reality as part of the National Innovation and Science Agenda. This new Biomedical Translation Fund represents the first substantial investment from the larger Medical Research Future Fund.

Read more

Keep up to date with key research in 15 mins
Australia should build on the mental health reform to strengthen employment outcomes

The recent mental health reform is an important step towards better services for people with mental ill-health, but Australia needs to do more to help people with mild to moderate mental health issues at and into work, according to a new OECD report. Mental Health and Work: Australia says that one in five Australian suffers from a mental disorder. The OECD estimates that mental health issues cost the Australian economy AUD 28.6 billion per year, equivalent to 2.2% of GDP. Adding indirect costs, such as productivity loss or sickness absence, nearly doubles that amount.

Read more

World

From MDGs to SDGs, WHO launches new report

WHO has launched a new comprehensive analysis of global health trends since 2000 and an assessment of the challenges for the next 15 years. Health in 2015: from MDGs to SDGs identifies the key drivers of progress in health under the United Nations Millennium Development Goals (MDGs). It lays out actions that countries and the international community should prioritise to achieve the new Sustainable Development Goals (SDGs), which come into effect on 1 January 2016.

Read more

UQ innovation set to boost aged care around the world

Innovative software developed at The University of Queensland can now be used to improve aged care worldwide, with leading global health care company Raisoft signing a non-exclusive license. The software is designed to give older patients improved continuity of care by recording and monitoring patient progress before, during and after a hospital stay.

Read more

Your attitude about ageing may impact how you age

How do you feel about older people? Your answer appears to be connected with how well your brain holds up against Alzheimer’s disease, according to a series of two new studies published in the journal Psychology and Aging. The researchers, from the Yale School of Public Health, say it’s the first time this type of risk factor has been linked in a study to the development of brain changes linked to Alzheimer’s disease.

Read more

Malaria deaths drop below half a million

The number of people killed by malaria dropped below half a million in the past year, reflecting vast progress against the mosquito-borne disease in some of the previously hardest-hit areas of sub-Saharan Africa. The World Health Organisation’s annual malaria report showed deaths falling to 438,000 in 2015 – down dramatically from 839,000 in 2000.

Read more

THE NATIONAL NURSING FORUM

Save the date 26–28 October 2016

Melbourne Park Function Centre
Australian College of Nursing Update

National Nursing Forum 2015 keynote recordings now available online

For those who didn’t have an opportunity to attend the National Nursing Forum in Brisbane this year and for delegates to recap on their learnings from the inspirational presentations, we have placed some recorded keynote presentations on our website from Sue Hawes FACN, Professor Anne Marie Rafferty, Alan Lilly and Veronica Casey FACN, Dr Rosemary Bryant’s AO FACN moving Oration has also been recorded and available to view online.

We hope you enjoy these presentations and stay tuned for news about the Forum next year which will be held 26-28 October in Melbourne, Victoria. If you would like to be the first to hear announcements about the Australian College of Nursing’s leading annual event, sign up for updates on the Forum or visit our Forum page.

Nurses key to filling gaps outlined in Australian Atlas of Health Care Variation

The Australian College of Nursing (ACN) applauds the Australian Commission on Safety and Quality in Health Care for its release of the Australian Atlas of Health Care Variation. The atlas paints a picture of significant differences in health care across the country and lays the foundation that will lead to a more detailed exploration of the underlying clinical, social and health workforce issues.

A particular focus of the atlas is the marked variation in health care across urban, rural, regional and remote areas of Australia. ACN believes that, in order to address some of the possible causes for these variations, opportunities exist here to extend the scope of practice of nurses, including fully utilising the role of nurse practitioners in leading change.

Read the ACN media release.

Tell us what you think of www.acn.edu.au

We want to know what you think of the Australian College of Nursing (ACN) website. Your feedback is very important to us and we would love to know whether the structure and content of our website meets your needs.

ACN invites you to complete a brief survey to let us know what you think is working well and what needs to be improved. Your comments and ratings will be the basis for future development.

New national CPD short courses calendar available

The Australian College of Nursing (ACN) February-June 2016 short course calendar is now available and course registrations are now open. Visit the ACN CPD page to find a course near you!

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Follow us on LinkedIn

www.acn.edu.au

ENQUIRIES: 1800 265 534
events@acn.edu.au

This course attracts no fees for employees of NSW Health.
Nursing as a profession in Australia is generally not obviously affected by decisions made by the World Health Organisation (WHO). Typically WHO is seen when there are pandemics, epidemics (such as Ebola in Africa) and announcements of worldwide community/society significance such as the scare that came recently with sausages being pronounced as potentially cancer causing. The WHO role in nursing, while not seen, is much more strategic but potentially of great significance to the Australian College of Nursing (ACN) and the nursing profession in Australia.

Through World Health Assembly (WHA) resolutions, Member States (including Australia) have in some semblance recognised for a long-time the essential contribution that nurses and midwives make to improving health services and the health outcomes for individuals, families and communities. The 1978 Declaration of Alma Ata and 1986 Ottawa Charter are some of the earlier achievements which illustrated this recognition.

WHA resolutions over more recent years have likewise helped to shape the nursing and midwifery agenda in WHO and its Member States. In 2001, a WHA resolution aimed at strengthening both nursing and midwifery services called for WHO to design a global nursing and midwifery services development plan. This resulted in the development of the Strategic Directions for Strengthening Nursing and Midwifery (SDNM) 2002–2008 and SDNM 2011–2015 and subsequent progress reports.

2016-2020 will see the next iteration of the SDNM (WHO 2015). This work is underpinned by the two (yes only two) technical officers responsible for nursing in WHO although WHO has numerous international advisers who are contracted to provide additional consultation and input.

ACN recently made a contribution to this document via a call for international feedback. ACN emphasised the vital role of leadership in advancing nursing across the world while recognising the challenges faced by countries with differing services, support and infrastructure.

At a broader level, WHO has developed the Global Strategy on Human Resources for Health (HRH): Workforce 2030 with a planned review by the WHA in May next year. From the nursing perspective the International Council of Nurses (ICN) of which ACN is a member, is the principal driver of this future direction.

According to ICN President, Judith Shamian (2015), a key to this future is the need for data. She notes that WHO and its member states need data on nursing and human health resources at local, country (national) and international levels so that decisions about the future can be informed. This data needs to include more than just numbers of registered and enrolled nurses. Data is needed about competencies, geographic location of practice, skills and qualifications, and outcomes of nursing practices.
“Data is needed about competencies, geographic location of practice, skills and qualifications, and outcomes of nursing practices if nursing leadership is to realise its full potential.”

if nursing leadership is to realise its full potential.

On the Australian scene, we have traditionally relied on government agencies such as the Australian Bureau of Statistics, the Australian Health Practitioner Regulation Authority, and the Australian Nursing and Midwifery Council to collect data of this nature.

Nursing sensitive indicator and outcome (NSIO) data is however absent from most of their collections and their reports. This responsibility for identification and capture of NSIO data is then left to various state governments and individual health services to collect what they deem to be important, but again while efforts are being made it is not high on the radar.

This situation clearly needs to change and there seems to be some momentum gathering in some sectors for this to happen.

On 1 December this year, for instance, the Australian Senate announced an inquiry into the “Future of Australia’s aged care sector workforce”. One of the 13 terms of reference includes: “future aged care workforce requirements, including the impacts of sector growth, changes in how care is delivered, and increasing competition for workers”. To understand what the requirements are in the future we need to understand what the requirements are today but if we don’t have relevant data our understanding will be less than adequate. We can base the future on what nursing looks like today but the question that must be asked before doing so is ‘is today’s approach the best it can be?’

Ranchal et al (2015) and his colleagues recently stressed that “nursing as a profession is imperfect, it is still developing; and indeed we should never be satisfied with what it is”. The same should be said about the broader aged care workforce as the Senate embarks on its inquiry.

The challenge for health systems and governments in our time is to develop what Ranchal et al (2015) refers to as “the cutting edge of nursing”. With their initiatives in global health workforce strategy developments across the world, WHO and ICN are striving to this end. In Australia, ACN, in its focus on ‘Advancing nurse leadership’, is positioned to drive and shape the cutting edge of health and nursing. It can’t do this alone.

References
Sir Henry Parkes may be renowned as the Father of Federation for his role in establishing the Commonwealth of Australia, but the distinguished politician played an equally influential role in giving life to modern day nursing in Australia.

After reaching out to modern nursing pioneer Florence Nightingale, Parkes established the Nightingale Nursing School for nurse training in 1868, laying the foundations for nursing as a respected profession.

This pivotal event and the evolution of nursing that followed was the focus of the 13th Sir Henry Parkes Oration held on 17 October at the Sir Henry Parkes Memorial School of Arts in Tenterfield, NSW.

The oration, From Nightingale Nurses to a Modern Profession: the Journey of Nursing in Australia, was presented by distinguished nursing educator Dr Georgina Willetts MACN, who is intertwined with this journey through not just her own experiences as a nurse, but as Sir Henry’s great, great granddaughter.

“Sir Henry Parkes had a clear vision of social reform, public education and public healthcare, and he also held a strong commitment to women having public roles,” Dr Willetts stated in her oration.

Dr Willetts also reflected on the legacy of Lucy Osburn, the matron appointed by Florence Nightingale to head up the new nursing school, and cited the development and struggle to legitimise nursing as a profession and its vital role in the future of Australian healthcare.

The oration was repeated earlier in December at Monash University and recorded for ABC Radio National’s Big Ideas program.

Here is an excerpt from Dr Willetts’ oration:

**History of nursing in Australia: the legacy of Lucy Osburn**

Opened in 1816, the Sydney infirmary was nicknamed the ‘rum hospital’ because Governor Macquarie paid the builders in spirits in exchange for building the hospital. The reputation of the hospital was that of a squalid environment not particularly conducive to health care. In 1868 Lucy Osburn arrived in the colony to take up the position of Lady Superintendent (Matron); with her were five probationary nurses, all trained in the Nightingale training system in London.

The story of Lucy Osburn is an interesting one and reflects in many ways the trials and tribulations of nursing in the early 1980s, when it was attempting to establish itself as a profession.

Throughout her time in Australia Lucy Osburn’s career was very much intertwined with Sir Henry and he was a strong advocate for her and the Nightingale style of nursing she was introducing. But this was controversial. At this time a middle-class woman always held the senior nursing position, regardless of her experience. Lucy was of middle-class breeding but she was also the most inexperienced in the group of nurses that were sent out. The other nurses were of the working class and therefore automatically became subordinate to Lucy, which caused some disharmony throughout her time at the infirmary. The colony was also not very accepting of a woman taking such a position in society – a single middle-class woman who had her own rightful vocation (I won’t call it a profession as yet). Sir Henry Parkes received much opposition from many in government and in medicine (Godden, 2006).

Here it is important to note that the sisters of charity religious nurses were already functioning as trained nurses in the colony. What is significant to note is that these nurses were unpaid and under the direct authority of the medical staff. They were also, of course, of Roman Catholic persuasion and the colony was biased towards the protestant position (Godden, 2006).

However, what Sir Henry ensured was that the nurses under Lucy Osburn were paid and Osburn was also assured of her position of authority within the infirmary. This was challenged throughout her time in Sydney, but always supported by Sir Henry.
I commenced my training on Parkes ground, the orthopaedic unit. This was certainly not planned, but Cobden Parkes had been involved in the architectural design of this beautiful new hospital and hence the main building was named after him. I have apparently actually met Cobden but realised this only recently: at my father’s funeral my cousin Selena mentioned that Cobden used to visit my grandmother. I have vague recollections of an elderly man having afternoon tea with my Granny when I was only a little girl, but I never realised who this man was – the ignorance of a child. What a shame this moment was lost on me.

Prince of Wales was built in the more modern design of hospitals today with single rooms, two-bed rooms and four-bed rooms, and in the early days of my training, men and women were separated.

Prince Henry, however, had been built out at Little Bay soon after Sydney infirmary (which has since been pulled down and become residential property). It was built as an isolation hospital and when I trained still had a ‘leper colony’ that the student nurses were not allowed to work in. This hospital was in the old Florence Nightingale style. The wards were huge areas that housed all patients in one very large room, with a veranda for those who were very sick or in particular need of fresh air. There were two ends of each ward, one for females and one for male patients. There was a large pan room at each end where we boiled the pans to complete sterilisation (which I was always causing to overflow as a result of easily being distracted by the patients).

Patients were not as sick back in those days; death was simpler and without our current technology people did not live with their many chronic diseases for nearly as long. Patients stayed in hospital for much longer: the average stay after relatively simple surgery was often 14 days (today you are lucky to stay more than five days if there are no complications), and there was a sense of community among the patients. Those who were on the mend would help those who were sicker, and for us as young nurses this created a very congenial environment.

Each student nurse wore a hat with the letters ‘NEC’ embroidered on it and a stripe for the year we were in. The letters stood for Nursing Education Centre but we always told the patients it stood for Nurses Eat Chocolate (ensuring a constant stream of chocolates from patients and visitors). The Nursing Education Centre of Prince of Wales and Prince Henry was a progressive school, and although our experiences on the wards were very traditional our schooling was very forward and the move towards professionalising nursing was strongly debated among our nursing teachers. Today some of those teachers are still in the forefront of progressing the nursing profession.

I was lucky to have been schooled in the older ways but on the cusp of change and it created a passion in me for nursing. In 1986 responsibility for nursing education in NSW, and it was recognised that nurses needed to be trained in the theory of nursing, not just the practice of nursing.

A new era was born, but it had not been without a fight.
Then you may be interested in becoming a tutor/marker with the Australian College of Nursing. Being a tutor/marker with ACN gives you the opportunity to contribute to the nursing profession through leadership and education as well as provides opportunities for your own growth and development as a health professional.

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- Minimum 3 years speciality experience
- Appropriate postgraduate speciality qualification
- Ability to research online
- Excellent communication skills, both written and oral
- Current ABN number (or be willing to obtain ABN if successful)

Desirable requirements are:

- Membership of relevant professional body
- Familiarity with electronic communication (eg email/ Moodle LMS)
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If you feel you meet the stated criteria, please email your:

- Expression of Interest; including the subjects you are interested in tutoring (refer to details on our website ‘acn.edu.au’ under Education)
- Current CV (including referee details and email addresses)
- Certified copies of your qualifications to robyn.delve@acn.edu.au

Are you keen to share your knowledge and experience with other nurses?
Australasian Nurse Educators Conference

By Sharron Smyth-Demmon, Nurse Educator

The New Zealand harbour city of Auckland was the setting for the 2015 Australasian Nurse Educators Conference (ANEC), 11–13 November. Maria Baric and I crossed the ‘ditch’ and joined more than 340 fellow nurse educators from Australia and New Zealand for three days of informative, inspiring and thought-provoking sessions on a wide variety of topics.

The key message of the conference was ‘co-creating the future’ and this is achieved through strong collaboration between nurses from both clinical and academic settings. ‘Being’, ‘knowing’ and ‘caring’ were the three main themes for the conference and the ANEC organisers consciously chose broad topics in order to encourage a rich and diverse pool of both abstract and poster presentations.

There was a strong focus on both clinical and undergraduate education. Resilience, leadership and the importance of caring for not only patients but ourselves and each other also featured. Technology within nurse education was also highlighted, including e-learning, clinical simulation and online communities of practice.

I was fortunate to have an abstract accepted on the topic of e-portfolios, which I presented on the final day of the conference. Professional portfolios have three main uses within a nursing context. These are demonstration of competence measured against professional practice standards, documented evidence of professional development within context of practice, and showcasing professional achievements. The presentation gave me the opportunity to introduce the Australian College of Nursing’s (ACN) e-portfolio to a wider audience.

E-portfolios are currently being used by many university students as part of their undergraduate and postgraduate courses and, as technology becomes more embedded in our everyday lives, their popularity and use will continue to grow within the nursing community.

Read more about 3LP on the ACN website.

Goodbye paper – hello digital
Collegian is now an e-journal

Collegian is ACN’s refereed academic journal published in conjunction with Elsevier.

As of January 2016 Collegian will be published as an online edition only and all ACN Members will receive their quarterly subscription via email notification.

Back issues of Collegian are always available online via the 3LP portal.
Winners of national nursing awards announced

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Leadership group forms to help shape future strategy for primary health care nursing

In recognition of the crucial role played by nurses working in primary health care, the Primary Health Care External Nursing Advisory Forum has been established by Sydney Nursing School, at the University of Sydney. This forum aims to bring primary health care nursing professionals, clinicians and academics, and community health care leaders together for the purpose of developing a strategy and action plan for the future of primary health care nursing in Australia. The inaugural meeting of the group took place on the 23 September, 2015.

Chair of the advisory forum, Mr Anthony Dombkins, Director of Nursing, Northern Sydney Local Health District said the dedication and commitment of the consultative members was excellent at the first meeting. "I am confident the skill and talent of the forum will offer advice about primary health care nursing, including workforce development and advice on channels of undergraduate and postgraduate nurses into primary health care transition programs,” he said. The chair and panel members will have terms of office of two years and it is anticipated that the forum will meet three to four times a year.

Expressing her views about the forum, Dr Christina Aggar, lead academic and initiator of the group, said, “I am thrilled with the positive response from primary health care nursing leaders from nearly all the Local Health Districts in Sydney, practice nurse representatives including the Australian Primary Health Care Nurses Association, Primary Health Networks and Indigenous community nurse leaders. It is very clear that the members of this forum are passionate about primary health care nursing and promoting the value of primary health care nursing models of care”.

The continuing professional development of the primary health care nursing workforce in Australia is critically important for meeting the future health care needs of the Australian population. The increasing demand for wide-ranging health care services in community settings requires a workforce skilled to deliver increasingly acute and complex care. New employment opportunities for graduate nurses and supportive professional development opportunities are needed to attract, equip and retain nursing staff with the requisite knowledge and skills to work in primary health care and to appropriately support patients and their families.

The second meeting of the Primary Health Care External Nursing Advisory Forum was held at Sydney Nursing School in early December. The discussion opened with the panel identifying a need to clarify the role of primary health care nursing, especially within integrated care. The scope of primary health care nursing practice is diverse: it cannot be easily defined and is increasing in complexity with high acuity nursing skills often required. Members agreed that there is a need to promote the diverse roles and skills of primary health care nursing and also to consider future roles and career frameworks. The group will next meet again in early 2016 for what is likely to be another lively and productive discussion.
Australia’s first ‘for-benefit’ pharmaceutical company prioritises patients over profits

The recent launch of Australia’s first ‘for-benefit’ pharmaceutical company is ushering in a new era of social enterprise that’s set to challenge the conventional for-profit pharma model.

For Benefit Medicines’ (FBM) sole purpose is to distribute equally, 100 per cent of profits generated from the sale of their two aromatase inhibitors, Anastrozole FBM and Letrozole FBM, to Australian patient support and medical research organisations, the Breast Cancer Network Australia (BCNA) and the Breast Cancer Institute of Australia (BCIA).

BCNA CEO, Christine Nolan, whose organisation comprises more than 100,000 members, 90 per cent of whom are women diagnosed with breast cancer, has welcomed the initiative and its shared goals of providing breast cancer patient support, information, treatment and care.

"FBM’s model is driven by compassion and places people before profits," Ms Nolan said. "While fundraising constitutes the mainstay of our revenue, having an initiative that provides a constant, daily stream of financial support, is both remarkable and warmly embraced."

BCIA is the fundraising department of the Australia and New Zealand Breast Cancer Trials Group (ANZBCTG) – the largest, independent, oncology clinical trials research group in Australia and New Zealand. ANZBCTG CEO, Dr Soozy Smith, says clinical trials have played a significant role in improving breast cancer treatments and the fall in breast cancer mortality rates, particularly over the past 20 years.

"Funding is vital to ensure our researchers can pursue the answers to important scientific questions and improve outcomes for people at risk, or diagnosed with breast cancer. This [FBM] initiative is a unique business model which puts the focus on improved health outcomes in the community, by making breast cancer research and support a priority," Dr Smith said.

"Funding for breast cancer clinical trials will help our researchers find new and improved treatment and prevention strategies, and ultimately, save more lives."

The brainchild of social entrepreneurs, Barry Frost, John Hurley, Mark Davies Karvonen and Jackson Su, who share more than 80 years’ combined experience in health care and management, FBM is the first enterprise of its kind in Australia, if not worldwide.

"Our ultimate goal is to help improve the lives of our fellow Australians," said Dr Frost. "The FBM initiative provides an opportunity for doctors, nurses, pharmacists and breast cancer patients to raise millions of dollars for BCNA and BCIA each year. However, for this to become a reality, we need all of these parties to get behind the cause and support FBM."

Anastrozole FBM and Letrozole FBM are available on the Pharmaceutical Benefits Scheme (PBS) at the same cost to patients as their current aromatase inhibitor therapy. All FBM medications are approved by the Australian Government’s Therapeutic Goods Administration (TGA) for use in Australia, and are required to meet the same strict regulations applied to the original brand, with regard to quality, safety and efficacy.

FBM plans to expand its range of generic therapies, and areas of giving, in order to distribute further profits from medication sales to additional patient support and medical research organisations in corresponding therapeutic fields. FBM’s pipeline for this year up until 2020 comprises treatments for prostate cancer, Alzheimer’s, depression, schizophrenia and multiple sclerosis.

For more information, visit the FBM website.
Breast Care Nurse Practicum

This five day program is designed for registered nurses who are currently caring for patients diagnosed with breast cancer.

The Westmead Breast Cancer Institute (WBCI) in collaboration with the Australian College of Nursing (ACN) developed this program to support rural and remote nurses to gain a better understanding of the clinical diagnosis and management of patients with breast cancers, in a multidisciplinary team. Successful applicants will attend the week-long practicum at the WBCI. This program is supported by The McGrath Foundation.

To enrol, students will have successfully completed the ACN postgraduate course Breast Cancers 112 (or equivalent); or can demonstrate sufficient clinical experience in breast care nursing over five years.

It is highly recommended that students read and become familiar with two National Breast Cancer Centre publications:
- multidisciplinary meetings for cancer care: a guide for health service providers
- Specialist Breast Nurse Competency Standards and associated educational requirements.

Program outlines
- Diagnostic and assessment procedures.
- Patient centred, multidisciplinary approach to care and support.
- Understanding choices and logistics of various treatment options.
- Care co-ordination of patients with specific clinical conditions, for example care of seromas, wounds, lymphoedema and ongoing treatment effects.
- The role of the Specialist Breast Nurse related to the 5 Domains of practice.
- Assessment and treatment of oncological emergencies related to advanced breast cancer.
- 40 CPD hours will be awarded.

More information
Customer Services,
Australian College of Nursing
t 1800 265 534
customerservices@acn.edu.au

Dates
8 – 12 February 2016
27 June – 1 July 2016
19 – 23 September 2016

Venue
Westmead Breast Cancer Institute,
Westmead NSW
A nurse practitioner role in the prevention and management of rheumatic heart disease

By Rosemary Harbridge, Project Officer, RHDAustralia

RHDAustralia’s Framework for a nurse practitioner role in acute rheumatic fever and rheumatic heart disease (2015) presents a case for a nurse practitioner (NP) role in building the capacity of the health service to provide a more systematic, timely and coordinated approach to addressing service gaps and improving outcomes in the prevention and management of acute rheumatic fever (ARF) and rheumatic heart disease (RHD).

ARF is a generalised inflammatory illness caused by a group A streptococcus (GAS) infection of the throat or possibly the skin. It affects specific parts of the body including the heart, joints, brain and skin. If the heart is involved, there can be persisting heart valve damage, leading to RHD.

RHD typically requires complex long-term care including regular medical specialist review, echocardiograms and blood tests and heart failure medication. Recurrent ARF illnesses may cause further valve damage. This leads to worsening of RHD, and the need for valve replacement surgery. Recurrences can be prevented by providing regular and timely secondary prophylaxis – usually in the form of benzathine penicillin G (BPG) injections every 28 days.

While the disease declined dramatically in industrialised countries during the 20th century (mainly due to improved living conditions and better access to appropriate health services, including widespread use of penicillin), it remains a serious health issue in developing countries and in Australia, where it is most common among Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander people are up to eight times more likely than other Australians to be hospitalised for ARF and RHD, and nearly 20 times as likely to die from the disease. The highest rates of ARF are found in children aged five to 14 years, and the highest rates of RHD are found in adults aged 35-39. Pregnant women with RHD are at high risk of complications.

RHD can be prevented. The areas where the service system falls down along the ARF and RHD care pathway are well known and understood. While The Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (RHDAustralia 2012) emphasises the importance of primordial and primary prevention of ARF in the community setting, the timely diagnosis and treatment of both ARF and RHD are also important aspects of prevention.
The ARF & RHD care pathway

<table>
<thead>
<tr>
<th>Primordial prevention</th>
<th>Primary prevention</th>
<th>Secondary Prevention &amp; RHD control</th>
<th>Diagnosis &amp; management of RHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent GAS infections by reducing risk factors:</td>
<td>Target populations at risk:</td>
<td>Secondary prevention of ARF:</td>
<td>Medical and surgical management of RHD:</td>
</tr>
<tr>
<td>Broad social, economic and environmental initiatives undertaken to prevent or limit the impact of GAS infection in a population.</td>
<td>Prompt treatment of GAS infections reducing GAS transmission, acquisition, colonisation and carriage, or treating GAS infection effectively to prevent the development of ARF in individuals.</td>
<td>Prompt diagnosis of recurrent ARF. Administering regular prophylactic antibiotics to individuals who have already had an episode of ARF to prevent the development of RHD, or who have established RHD in order to prevent progression of the disease.</td>
<td>Intervention in individuals with RHD to reduce symptoms and disability, and prevent premature death.</td>
</tr>
</tbody>
</table>

Target population and service delivery issues

The majority of patients in Australia with ARF and/or RHD live in remote and rural areas, where issues such as remoteness; transient population; poor living and education standards; high health practitioner turnover; and limited knowledge of the disease all contribute to delays and deficiencies in health service delivery and, ultimately, to the burden of disease. In addition, adherence rates for regular BPG injections are commonly poor, leaving many patients vulnerable to repeat episodes of ARF and potential development of RHD.

Delays in service delivery are commonly experienced in initial identification, assessment and initiation of treatment; diagnostic investigations and review of results; initiation, review, titration and cessation of medication (at correct times); and follow up of patients (for scheduled reviews, following hospital discharge etc). The logistics of conducting regular reviews can be very difficult or impossible in remote situations, often resulting in gaps in clinical services and medication management between specialist treatment and staff ‘on the ground’. A mobile and transient population (remote, urban, interstate) makes it difficult for patients to access treatment (or for health care practitioners to access patients).

The limited number of medical practitioners to service the target population, and limited knowledge and experience the disease can lead to a lack of health practitioner confidence and skill in identifying and managing the diverse symptoms of ARF and RHD.

Potential role and scope of practice

The NP would provide an autonomous, advanced and extended clinical nursing role in the prevention, diagnosis and therapeutic management of ARF and RHD as described in The Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (RHDAustralia, 2012).

The primary objectives of the NP role would be to increase access to high quality and cost effective care, streamline the patient journey between acute and primary health care services, and enhance health outcomes in populations at high risk of having or developing ARF or RHD. An NP would contribute significantly to improving quality of care and health outcomes by identifying and responding to primary health care needs more flexibly than the existing nursing workforce, and addressing the gaps in service that cannot be addressed, or are not addressed in a timely manner, by other health care professionals under the current service model. An NP could also contribute to cost savings in terms of reduction in medical practitioner workload, the need for hospitalisation, and specialist and surgical input.

The NP would be primarily engaged in holistic primary health care for Aboriginal and Torres Strait Islander people living in regional and remote areas of Northern and Central Australia, and could potentially be engaged in either the public or private sector. The role would be ideally suited to work within an Aboriginal community controlled health service (ACCHS); other urban or remote community health centre; regional hospital outpatient department, or any collaborative combination of these. There is also the potential for this to be developed as a more generalist position with an ARF/RHD focus: for example as part of a chronic disease management; cardio vascular or remote area primary health care NP role.

Find more information on the RHDAustralia website

References

RHDAustralia (ARF/RHD writing group), National Heart Foundation of Australia & the Cardiac Society of Australia and New Zealand 2012, The Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (3rd edition), Menzies School of Health Research, Darwin.

RHDAustralia 2015, Framework for a nurse practitioner role in acute rheumatic fever and rheumatic heart disease, RHDAustralia, Darwin.
Army Nursing Officer: A unique and diverse career?

Terranora local, Jamie Clarke, has always led an active lifestyle and knew that she wanted the opportunity to challenge herself physically. Looking for a sense of adventure, she originally planned on joining the Australian Army Reserve but after learning more about the opportunities a full-time military career offered she decided to join the Army as a Nursing Officer.

“The Army requires Nursing Officers to practice outside their normal clinical environment and thus require us to perform extended clinical skills or roles that are not normally undertaken by a civilian registered nurse,” Jamie said.

For Jamie, the Army holds a unique responsibility to its members and their families; to prepare soldiers for war-like operations and care for the physically and/or psychologically wounded soldiers, either on operations or upon their return to Australia.

The importance of this was reiterated when students she had taught on a Combat First Aid Course were the soldiers who initially treated her younger brother when he was injured overseas.

“I now feel a great sense of responsibility and gain an enormous amount of enjoyment and personal satisfaction from teaching, preparing and conducting training for the Combat First Aiders and other soldiers,” Jamie said.

“The most memorable moments in my career would be deploying to Afghanistan where I worked with a professional and skilled medical team. We provided medical training and care to Australian, Coalition and Afghani soldiers and locals.

“The Army provides an opportunity for a sense of adventure. The main reason I would recommend anyone to join the Army would be for the professional diversity and camaraderie that are just not found within the civilian workforce,” Jamie said.

“Additionally, the Army will fund and allow you to develop and refine your clinical skills and knowledge along with your leadership and management qualities.”

Nursing Officers are employed across a range of clinical, clinical management and broader health management duties. The Army has built a formidable reputation based on the core values of courage, initiative, respect and teamwork.

The Army is currently recruiting for Nursing Officers. For further information on military training and careers in the Army visit defencejobs.gov.au/army or call 13 19 01.
Registered nurse and midwife standards for practice receive approval

The Nursing and Midwifery Board of Australia (NMBA) will release five revised registration standards in early 2016, which will come into effect in 2016 and replace the existing standards. Registration standards define the requirements that applicants need to meet to be registered and registrants need to meet to maintain registration.

Three registration standards for registered nurses, midwives and enrolled nurses were revised by the NMBA and received approval by the Australian Health Workforce Ministerial Council (AHWMC) on 27 August 2015. The registration standards for nurse practitioner and the endorsement for scheduled medicines for midwives received approval by the AHWMC on 22 October 2015.

• The revised registration standards are for:
  • professional indemnity insurance (PII) arrangements
  • recency of practice
  • continuing professional development (CPD)
  • Nurse practitioner, and
  • Endorsement for scheduled medicines for midwives.

The standards were revised after a scheduled review, which included a public consultation. The NMBA publishes consultation reports providing a summary of the consultation process, rationale for any changes and proposed way forward, including areas where further work is planned. The submissions to the public consultation will be published on the NMBA’s website.

Commencement dates for all the standards will be 1 June 2016 to align with the registration renewal period for nurses and midwives and replace the existing standards.

The standards will be published in early February 2016 and further information will be available on the NMBA website or to find out more on the revised registration standards go to the NMBA Registration Standards Page.

To coincide with the release of the five revised standards the NMBA will also publish the revised Safety and quality guideline for privately practicing midwives (SQG). The NMBA undertook a comprehensive review of its current Safety and quality framework (SQF) for privately practising midwives providing homebirth and the revised SQG sets out a robust regulatory framework to ensure that PPMs have clarity and support to practise in their roles with safety and quality.

Revised registration standards – additional resources available

Early in 2016, nurses and midwives will also be able to find additional resources about the revised standards on the NMBA website including: letters of approval, consultation reports, continuing professional development registration standard, recency of practice registration standard, professional indemnity insurance arrangements registration standard and common FAQs and a timetable for commencement.

Registered nurse standards for practice update

During the year, the NMBA funded a project to develop the Registered nurse standards for practice. This work incorporated a review of the current national competency standards for registered nurses.

Southern Cross University managed this NMBA-funded project and following extensive public consultation and validation the Registered Nurse standards for Practice have been approved by the NMBA. These standards reflect the contemporary role and scope of practice of registered nurses. The standards will be published on the NMBA website in early 2016 and commence on 1 June 2016.